TREASURER NAME NICKNAME LAST Dietz Oate Processed Date Imaged CAMPAIGN TREASURER ADDRESS (Residence or business) AREA CODE PHONE NUMBER EXTENSION REPORT TYPE January 15 July 15 AREA CODE July 15 AREA CODE AREA CODE PHONE NUMBER EXTENSION Receipt Amount Date Processed Date Imaged STATE: ZIP CODE AREA CODE PHONE NUMBER EXTENSION FIRET ADDRESS (Residence or business) REPORT TYPE January 15 July 15 AREA CODE PHONE NUMBER EXTENSION Final report (Attach C/OH - FR) PERIOD COVERED O PERIOD COVERED O ELECTION Month Day Year THROUGH THROUGH THROUGH THROUGH TO Prinary Runoff Runoff Amount Amount Date Processed Date Imaged TREASURER PROPORT THROUGH TO Prinary Runoff Runoff Amount Special THROUGH TO Prinary Runoff THROUGH		FINANCE REPORT 528	80	FORM JC/OH COVER SHEET PG 1
OFFICE NOTICE NAME OFFICE USE SHALY DIETZ ADDRESS (POBOX, ART) SUITE & SUFFIX OFFICE HOLDER ADDRESS OFFICE HOLDER ADDRESS (POBOX, ART) SUITE & SUFFIX OFFICE HOLDER ADDRESS OFFICE HOLDER ADDRESS (POBOX, ART) SUITE & SUFFIX OFFICE HOLDER ADDRESS OFFICE HOLDER ADDRESS (POBOX, ART) SUITE & SUFFIX OBTAILS SUPPORT NAME ITILE FIRST MARY NICOMANE LAGI SUFFIX DIETZ CAMPAIGN THEASUREH ADDRESS (Residence or business) AMEA CODE PHONE NUMBER FIRST MARY NICOMANE LAGI SUFFIX DATE OAN PICCESS OAN POESS O		on Guide explains how to complete this (Ethics Commiss	ssion filers)	2 Total pages filed:
4 CANDIDATE/ OFFICEHOLDER ADDRESS / PO BOX	OFFICEHOLDER	Judge John	K	Date Received
TREASURER NAME NICKHAME	OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; COTY; STATE: 1900 Steam boat Springs Cove A	Austin TX 7874/o	P U
STREET ADDRESS (NO PO BOX PLASE); APT / SUITE #: STATE: 78746 7 CAMPAIGN TREASURER PHONE 7 CAMPAIGN TREASURER PHONE 8 REPORT TYPE 1 January 15 36th day before election Flundf 15th day after campaign treasurer appointment (officioloder only) 15th day after campaign treasurer appointment (officioloder only) 10 / 26 / 02 THROUGH 12 / 31 / 02 9 PERIOD COVERED 10 FICE 10 OFFICE 10 OFFICE 11 / 5 / 02 Primary Runoff Runoff Special Special Special 10 OFFICE 21 OFFICE OFFICE SOUGHT (if known) 250 + h Jul. Dist. Ct. 3 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS 1 additional pages	TREASURER	Mary NICKNAME LAST	S.	Date Processed
TREASURER PHONE (512) 329-0525 REPORT TYPE January 15 30th day before election Runoff Final report (Attach C/OH - FR) PERIOD COVERED Month Day Year ID /26/DZ THROUGH THROUG	TREASURER ADDRESS	_L	TO TY	
January 15 30th day before election Runoff 15th day after campaign freesurer appointment (officaholder only)	TREASURER	EXTENSIO	ON	
O ELECTION Coverage Coverage	3 REPORT TYPE		ed \$500 timit	appointment (officeholder only)
DELECTION Comparison of the direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name		/ Nicit		Year OZ
3 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS Address / PO Box; Apt. / Suite #; City; State; Zip Code	0 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year		
OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS Direct-campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. Name Name Address / PO Box; Apt. / Suite #; City; State; Zip Code			OUGHT (if known)	
	OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	Name Name	without the candida ation of the direct c	ate's prior consent or approval. ampaign expenditure. ••
GO TO PAGE 2	additional pages			,
		GO TO PAGE 2		

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

		i.	GOVEN GILLET PO
	John K.	Dietz	15ACCOUNT # (Ethics Commission filers) 000/9973
16 NOTICE FROM POLITICAL COMMITTEE(S)		tice of political expenditures by political committees to support the ce be without the candidate's or officeholder's knowledge or consent. Cal if they receive notice of such expenditures. ••	candidate / officeholder. These expenditures ndidates and officeholders are required to rep
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME	,
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL P PLEDGE:	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	* - O -
	2. TOTAL OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,575
EXPENDITURE TOTALS	3. TOTAL PO	DLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEM	\$ -0 -
	4. TOTAL F	POLITICAL EXPENDITURES	\$24405.0
CONTRIBUTION BALANCE	5. TOTAL PO OF THE R	LITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST EPORTING PERIOD	*24,405.12 *76,923.17
OUTSTANDING LOAN TOTALS	6. TOTAL PR	INCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF OF THE REPORTING PERIOD	THE \$ - O -
8 AFFIDAVIT			
		I swear, or affirm, under penalty of true and correct and includes all inf under Title 15, Election Code.	perjury, that the accompanying report is formation required to be reported by me
Notary i	NN R. WRIGHT Public, State of Texas Commission Expires JLY 3, 2005	Signature of Cano	didate or Officeholder
Sworn to and subscribed		said John K. DIE72 which, witness my hand and seal of office.	_, this the 8 ^{+h} day
Julian Splature of officer administr	WMA	Julian R. Weight	Notary
rinted on recycled paper		Title	e of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

SCHEDULE A (J)

		<u> </u>		
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J):		
2 FILERNAME	3 ACCOUNT # (EII	hics Commission filers)		
Judge John K. Dietz		0001	9973	
4 Date 5 Full name of contributor Out-of-state PAC (ID#:_)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)	
W.B. & Melinda McCrack	en	A .	description(ii applicable)	
10/10/11		\$50,00%		
6 Contributor address; City; State; Zip Code		1 DUI PXX		
10/28/02 6 Contributor address; City; State; Zip Code 7/013 ROCK point Dr.				
Austin, Tx 7873/	f			
9 Contributor's principal occupation A HV	10 Contributor's job	litle		
11 Contributor's employer/law firm	12 Law firm of contrib	butor's spouse (if any	/)	
DuBois, Bryant, Campbell & Sebwartz	LLP.			
13 If contributor is a child, law firm of parent(s) (if any)			-	
Date Full name of contributor out-of-state PAC (ID#)	Amount of Contribution (\$)	In-kind contribution description(if applicable)	
Brian C Campbell		y .	осэсприон(п аррисаріе)	
10-2017 Contributor address; City; State; Zip Code	• • • • • • • • •	#25 00/		
Bryan C Campbell Contributor address; City; State; Zip Code 2904 Green lee Drive	[LO, USA		
Austin 78, 78703				
Contributor's principal occupation	Contributor's job title			
DUBOIS Bryant Campbell & Schwartz, Ly	> Law firm of contrib	outor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)				
Date Full name of contributor out-of-state PAC (ID#: William & & Judith E. Bryant)	Amount of contribution (\$)	In-kind contribution description(if applicable)	
WIMAM C ESCULTA E. BYKINT	5	4 01	, , , , , , , , , , , , , , , , , , , ,	
10-28-02 Contributor address; City; State: Zip Code 8109 Vailview 4.		1100 00/		
GIDG Vailview Ct.		100 BC		
		ļ		
Austin Tx 78750				
Contributors principal occupation	Contributor's job tit	tie		
Contributors complayorshow firm	Law firm of contribu	utor's spouse (if any)		
Dubois, Bryant, Campbell & Shuart, 47				
If contributor is a child, law firm of parent(s) (if any)				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

P.O. Box 12070

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.		1 Total pages Sch	edule A(J):
2 FILER NAME Judge John K. Dietz	,	3 ACCOUNT # (E)	,
Date 5 Full name of contributor out-of-state PAC (IDN:		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
9 Contributor's principal occupation	10 Contributor's job	title .	
DuBois, Bryant, Campbell & Schuartz LLP	12 Law firm of contri	butor's spouse (if any	y)
13 If contributor is a child, law firm of parent(s) (if any)			,
John F. Campbell 11-1-02 Contributor address: City; State; Zip Code 1601 Rio Grande Ste 40 Austin TX 78701	n5	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation	Contributor's job	itle	
Contributor's employer/law firm Law Offices of John F. Campbell P.C. If contributor is a child, law firm of parent(s) (if any)	Lawlirm of contril	outor's spouse (if any	()
Date Full name of contributor [] out-state PAC(ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor's principal occupation	Gontributor's job ti	tle	
HILGUSTrap Riggs, Adams & Graham, LA	Law firm of contrib	utor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		· · · · · · · · · · · · · · · · · · ·	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J):	
2 FILERNAM JULGE	John K. Dietz	,	3 ACCOUNT # (Ett 00 0199	
4 Date	5 Full name of contributor Dout-of-state PAC (ID#: AVANT & MITCHELL, P.C. 6 Contributor address; City; State; Zip Code 1301 NUECES Ste 200)	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
11-11-02	6 Contributor address; City; State; Zip Code 1301 NUECES Ste ZOO		\$1,000. X	
	Austin Tx 78701		·	
9 Contributor gr	principal occupation	10 Contributor's job	title	
11 Contributor's	employer/law firm	12 Law firm of contri	butor's spouse (if any	y)
13 If contributor i	s a child, law firm of parent(s) (if any)			•
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code			
Contributor's p	I principal occupation	Contributor's job	title	
Contributor's e	employer/law firm	Law firm of contributor's spouse (if any)		
If contributor is	s a child, law firm of parent(s) (if any)	10.10.10	· · ·	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code		1	
	•		İ	
Contributor's p	rincipal occupation	Contributor's job ti	itle	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)		-	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruction	ом Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILERNAMI Judge	John K. Dietz	,	3 ACCOUNT # (Ethics Commission filers) 00019973
10-28-02	5 Payee name Austin Progressive Coal 6 Payee address; City; State; Zip Code 1510 Edgewood Av. Austin, Tx 78722	ition 	7 Amount (\$) 2,005. /xy
required.)	ment (See instructions regarding type of information For Daily Texan	9 •• Complete if dir Candidate / Officeholder na	rect expenditure to benefit C/OH •• ame Office sought Office held
Date 10-28-02	Payee name RBH Direct Payee address; City; State; Zip Code 1602 Glencrest Drive. Austin, TX 78723		Amount (\$) 17,031.11
required.)	Lprinting/lists/moulling/ Layout/postage)	•• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH •• me Office sought Office held
Date 1/-29-02	Payee name TX Democratic Party Payee address; City: State: Zip Code P.O. Box 12787 Austin, TX 78711-2787	· · · · · · · · · · · · · · · · · · ·	Amount (\$) 125,000
required.)	ampaign contirb.	•• Complete if direc Candidate / Officeholder nam	et expenditure to benefit C/OH ne Office sought Office held
Date 2-31-02	Payee name TX Democratic Party Payee address; City; State; Zip Code P. D. Box 12787 Austin TX 78711-2787		Amount (\$) 125, ***
required.)	Campaign. Contrib.	•• Complete if direct Candidate / Officeholder name	expenditure to benefit C/OH •• e Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED

POLITICAL EXPENDITURES	SCHEDULE F
The Instruction Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAME Judge John K. Dietz	3 ACCOUNT # (Ethics Commission filers) 00019973
5 Payee name Capital Area Food Ball 2-31-22 6 Payee address; City; State; Zip Code 8201 S. Long ress AV Austin TX 78745 8 Purpose of payment (See instructions regarding type of information required.)	
contrib. to charity org.	Candidate / Officeholder name Office sought Office held
Payee name The Salvation Army 12-31-02 Payee address; City; State; Zip Code 4216 S. Longress Av. Austin, TX 78745	Amount (\$) 500. X
Purpose of payment (See instructions regarding type of information required.) Contrib. to charit. org.	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Payee name Safeplace 12-31-02 Payee address; City; State; Zip Code P.O. Box 19454 Austin, Tk 78760	Amount (\$) 500, 00/
Purpose of payment (See instructions regarding type of information required.) Contrib. to chart. org.	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name
Payee name Meals on Wheels & More 12-31-02 Payee address; City; State; Zip Code 149 Settlement Dr. Purpose of payment (See instructions regarding type of information required.)	Amount (\$) 750, 00
Contrib. to Charit. org.	Candidate / Office holder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLIT	ICAL EXPENDITURES		SCHEDULE F
The Instruct	TION GUIDE explains how to complete this form.		1 Total pages Schedule F:
	ge John K. Dietz	,	3 ACCOUNT # (Ethics Commission filers) 000 19973
12-31-02	5 Payee name KLRU 6 Payee address; City; State; Zip Coo 2504-8 Whitis Austin, TX 78705		7 Amount (\$) 200. 00/xx
requirea.)	o to Charit/non profit org.	9 •• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH •• ame Office sought Office held
Date 12-31-02	Payee name States man Season For Payee address; City; State; Zip Code P. O. BOX 50066 Austin, TX 78763-0066	· · · · · · · · · · · · · · · · · · ·	Amount (\$) /\$/,000 00
required.)	ment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nam	et expenditure to benefit C/OH •• ne Office sought Office held
Date 2-31-02	Payee name John K. Dietz Payee address; City; State; Zip Code 1900 Steamboat Springs Cov Austin, Tx 78746	'e	1669,04/xx
required.)	nent (See instructions regarding type of information Sement of personal funds 2d (sched G)	•• Complete if direct Candidate / Officeholder name	expenditure to benefit C/OH •• Office sought Office held
Date .	Payee name	· · · · · · · · · · · · · · · · · · ·	Amount (\$)
Purpose of payme required.)	ent (See instructions regarding type of information	•• Complete if direct ex Candidate / Officeholder name	xpenditure to benefit C/OH •• Office sought Office held
·	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEED	ED